

	Quality System Procedure Missouri State Public Health Laboratory Chemistry Unit	Issue Date:	Rev.:
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Human Biomonitoring Blood Shipping Manifest

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CENTERS FOR DISEASE CONTROL AND PREVENTION CHEMICAL TERRORISM SPECIMEN COLLECTION AND SHIPPING MANIFEST		
DATE SHIPPED: _____		
SHIPPED BY: _____		
CONTACT TELEPHONE: _____		
SIGNATURE: _____		
DATE RECEIVED: _____		
RECEIVED BY: _____		
SIGNATURE: _____		
TOTAL NUMBER OF SPECIMENS IN THIS CONTAINER:	PURPLE-TOP TUBES:	
	GREEN/GRAY-TOP TUBES:	
TOTAL NUMBER OF BLANK TUBES PROVIDED IN THIS CONTAINER:	PURPLE-TOP TUBES:	
	GREEN/GRAY-TOP TUBES:	

COMMENTS: _____

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CENTERS FOR DISEASE CONTROL AND PREVENTION CHEMICAL TERRORISM SPECIMEN COLLECTION AND SHIPPING MANIFEST					
PLACE A $\sqrt{}$ IN EACH BOX FOR SAMPLES SHIPPED – PLACE A X IN EACH BOX FOR SAMPLES NOT SHIPPED					
PLEASE INDICATE THE SIZE TUBE COLLECTED (5 OR 7 mL) IN THE COMMENTS					
PT = PURPLE-TOP GT = GREEN/GRAY-TOP					
Patient/Victim ID Label	PT 1	PT 2	PT 3	GT	Comments:
					<hr/> <hr/> <hr/>
					<hr/> <hr/> <hr/>
					<hr/> <hr/> <hr/>
					<hr/> <hr/> <hr/>

NOTE: Please include 2 empty purple-top tubes and 2 empty green/gray-top tubes from each lot number collected for background contamination measurement.